

**CRITICAL ACCESS BEHAVIORAL HEALTH AGENCY
LME MONITORING TOOL – QUALITY MANAGEMENT/REGULATORY**

Name of Agency:	Provider #	CABHA Type: <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> SA <input type="checkbox"/> MH
Name of Executive Director:	Continuum Services:	Certification Date:
Address of CABHA Certification Site:		Agency Phone Number:
Address of Site Review if Different from Certification Site:		
LME where continuum of services is located:	Total # of Individuals Served	# Served in Enhanced or Residential

Onsite Reviewer(s):			
Ratings:	1 = Yes/In Compliance	0 = No/Out of Compliance	9 = Not Applicable
			Review Date:

For any element that is considered out of compliance, or unable to be verified, please obtain copies of appropriate documents and attach to this form.

Quality Management		
1. Is there evidence the CABHA continues to implement their QA/QI Plan?		
2. Is there evidence the CABHA evaluates their QA/QI Plan at least quarterly?		
3. Is there evidence the CABHA develops and monitors actions to address individual and aggregate trends per the QA/QI Plan?		
4. Is there evidence the agency uses individual and aggregate outcomes, staff/individual feedback and other performance measures to drive the agency's planning and service improvements?		
5. Is there evidence that any outstanding Quality Improvement Plan or Plan of Correction issues assigned by national accrediting bodies have been responded to as required?		
Regulatory Compliance		
6. Is there evidence that CABHA continuum service sites have current LME Endorsements if required? <i>Note: LME data review</i>		
ADDITIONAL COMMENTS		